Menopause: An Overview

Definitions

Peri menopause is the 2- to 8-year period before menstruation stops, when the levels of the hormones estrogen and progesterone fluctuate and decline. Common symptoms include irregular periods, mood swings, sleep disturbance, vaginal dryness and hot flashes. Many of these symptoms last for a few years, although some women will experience them for longer.

Menopause is the time after menstrual periods stop altogether (average age 52 in the U.S., but can start in the early 40s); most accurately identified as starting one year after the last period. Many women will have irregular menses – frequent or intermittent, light or heavy – for a year or two before stopping. Common consequences of declining hormones include thinning of the vagina and decreased bone density.

Management of peri menopause and menopause includes healthy lifestyle choices, appropriate vitamin and mineral supplements, and may include birth control pills, herbs and/or other medications for specific symptoms.

Hormone Replacement Therapy (HRT)

The risks and benefits of hormone replacement therapy have been evaluated over many years. Some studies looked at postmenopausal use of estrogen alone (called ERT), while others evaluated the combined use of estrogen + progesterone or a synthetic progesterone-like medication (such combinations are called HRT). The table below summarizes the best scientific evidence to date.

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<tr>
<th>Benefits of HRT</th>
<th>Confirmed to reduce:</th>
<th>May improve:</th>
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<tbody>
<tr>
<td></td>
<td>hot flashes</td>
<td>mood</td>
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<td></td>
<td>vaginal dryness</td>
<td>sense of well-being</td>
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<td></td>
<td>risk of spine and hip fractures</td>
<td>skin elasticity</td>
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<td></td>
<td>risk of colon cancer</td>
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<table>
<thead>
<tr>
<th>Risks of HRT</th>
<th>Confirmed to increase risk of:</th>
<th>May increase risk of:</th>
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<tbody>
<tr>
<td></td>
<td>breast cancer</td>
<td>memory decline and reasoning</td>
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<tr>
<td></td>
<td>heart attacks</td>
<td>uterine cancer (ERT only)</td>
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<td></td>
<td>blood clots (brain, legs, lungs)</td>
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In deciding how to manage their menopause, women should:
- Review their risks of the various conditions of aging, based on their personal health and family history.
- Consider the potential risks and benefits of available treatments.
- Talk with their health care providers to weigh all their options and to make informed decisions.
Why consider taking hormones at menopause?
- To reduce symptoms of menopause.
- To reduce risk of spine and hip fractures.

Why not take hormones at menopause?
- Peri menopause symptoms are not a “disease” requiring treatment.
- Unpleasant side effects.
- Increased risk of heart disease, breast cancer, blood clots, memory loss and decreased reasoning ability.

Other options

**Lifestyle Enhancement:** Healthy eating, maintaining a healthy weight, and daily exercise are all important. Taking a daily multivitamin is a reasonable idea.

**For Bone Health:** In addition to daily weight-bearing exercise, insure adequate daily intake of vitamin D (up to 800 -1,000 units a day), and calcium, about 1,200 mg a day, maximum 600 mg at a time. Some prescription medications can maintain bone health and prevent further bone loss, including bisphosphonates (such as alendronate, ibandronate, risidronate), calcitonin, estrogen receptor modifying drugs (such as raloxifene) and fluoride.

**For Heart Protection:** Diet, exercise, and sometimes medications will keep cholesterol and triglycerides levels normal, and blood pressure in control.

**For Hot Flashes:** Various drugs can reduce the frequency of hot flashes modestly, including venlafaxine, gabapentin, clonidine and progestins.

**For Menstrual Irregularity During Peri Menopause:** Low-dose birth control pills can regulate periods.

**Alternative Medicines/Herbs/Supplements:** Unfortunately, no over-the-counter herbs or supplements have been proven in scientific studies to ease peri menopause symptoms or to prevent heart disease, cancer or osteoporosis. This list includes: plant estrogens, topical progesterone (e.g. skin creams), kava, black cohosh, red clover, or dong quai.

**Summary**

Decisions to treat menopause with medications are based on one’s personal risk profile, including behavior, habits, family history, age and medical history. For additional information and resources, contact one of PAMF’s Community Health Resource Centers:

- Dublin (925) 875-6150
- Fremont (510) 623-2231
- Mountain View (650) 934-7373
- Palo Alto (650) 614-3200

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